

AUG 29 2005

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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Callahan, Paul E.
Firm: U.S. Patent and Trademark Office
Art Unit 2137
Facsimile: (571) 273-8300
From: Thomas F. Presson
Date: August 29, 2005
Re: FLH Ref No.: 450108-4457
Serial No: 09/370,776

Number of Pages: 11
(including cover page)

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AUG 29 2005

PATENT
450108-4457IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Tatsuya Kubota, et al.
 Serial No. : 09/370,776
 Filed : August 9, 1999
 For : DATA MULTIPLEXING DEVICE, PROGRAM DISTRIBUTION SYSTEM,
 PROGRAM TRANSMISSION SYSTEM, PAY BROADCAST SYSTEM,
 PROGRAM TRANSMISSION METHOD, CONDITIONAL ACCESS SYSTEM,
 AND DATA RECEPTION DEVICE
 Examiner : Callahan, Paul E.
 Art Unit : 2137

745 Fifth Avenue
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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

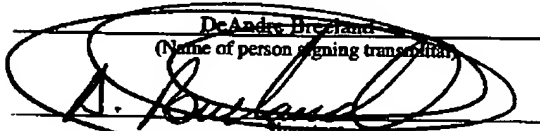
| (1) | (2) Claims remaining after amendment | (3) | (4) Highest number previously paid for | (5) Present extra | (6) Rate | (7) Additional Fee |
|---|--|-------|--|----------------------|-------------|--------------------------|
| Total claims | 8 | Minus | ** =20 | * x | \$50 (25) | = \$ |
| Independent claims | 3 | Minus | *** =3 | * x | \$200 (100) | = \$ |
| Total additional fee for this amendment | | | | | | \$ |

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.


- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$_____ is attached, which covers the cost of ☐ additional claims _____ petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on August 29, 2005.

DeAndre Breeland
 (Name of person signing transmittal)

 Signature
 August 29, 2005
 Date of Signature

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants


 By: Thomas F. Presson
 Reg. No. 41,442

AUG 29 2005

U.S. Appl. No. 09/370,776
Reply to Office Action dated June 17, 2005

PATENT
450108-4457

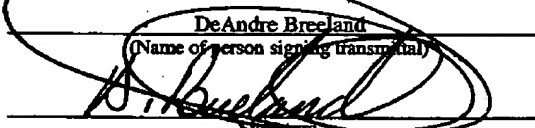
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SYSTEM, PAY BROADCAST SYSTEM, PROGRAM
TRANSMISSION METHOD, CONDITIONAL ACCESS
SYSTEM, AND DATA RECEPTION DEVICE
Examiner : Callahan, Paul E.
Art Unit : 2137
Confirmation No : 8487

745 Fifth Avenue
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DeAndre Breeland
(Name of person signing transmittal)

Signature
August 29, 2005
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on June 17, 2005, having a three-month
statutory period for response set to expire on September 17, 2005, please amend the above-
identified application as follows.

U.S. Appl. No. 09/370,776
Reply to Office Action dated June 17, 2005

PATENT
450108-4457

Amendments to the Claims are reflected in the listing of claims, which begins
on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.